

09500977
Paper 2072

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790

AMOT -
AFTER NOTICE/APPEAL
11-10-04
Supplemental
AMOT
11-11-04

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.1600)	20	Minus	20	Φ
	Independent (37 CFR 1.1602)	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.1600)	20	Minus	20	Φ
	Independent (37 CFR 1.1602)	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.1600)	20	Minus	20	Φ
	Independent (37 CFR 1.1602)	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write
 ** If the "Highest Number Previously Paid For" is THIS SEAS
 *** If the "Highest Number Previously Paid For" is THIS SEAS
 The "Highest Number Previously Paid For" is THIS SEAS
 Reason Hour Statement: This form
 Any comments on the amount of fee
 (U.S. Patent and Trademark Office, Washington, DC 20503)

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795

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	PREVIOUSLY PAID FOR	
	Total (37 CFR 1.1603)	20	20
	Independent (37 CFR 1.1604)	3	3
FIRST PRESENTATION OF MULTIPLE DEFENSE			

DATE	NAME	THIRD	PER
AS 9			
44			
150			
TOTAL			

18	
88	
300	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CHANGING ENTRY
Total (37 CFR 1.36(c))	3	20	0
Independent (37 CFR 1.16(b))	2	3	0

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

DATE	ADDITIONAL FEE
9	9
44	
150	
TOTAL DATE FEE	

RATE	ADDITIONAL
10	
80	
300	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHER NUMBER PREVIOUSLY PAID FOR	CLAIMS REMAINING AFTER AMENDMENT
	Total (17 CFR 1.16(c))	Minus	...
	Independent (17 CFR 1.16(b))	Minus	...
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			...

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

DATE	ADDRESS
18	
88	
300	
TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write
- * If the "Highest Number Previously Paid For" IS THIS SPACE
- * If the "Highest Number Previously Paid For" IS THIS SPACE
- * The "Highest Number Previously Paid For" column is independent

Bonded How Statement: This form is required by the Department of Social Services.
Any comments on the amount of the bond are requested by the Department of Social Services.
Office Washington, DC 20548-0001
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